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CONFIRMATION NO. 3296

<b>SERIAL NUMBER</b> 10/709,297	<b>FILING OR 371(c) DATE</b> 04/27/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> H-US-01160 (203-6224)
<b>APPLICANTS</b> John I. Shipp, Jacksonville Beach, FL;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/29/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 22
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 50855				
<b>TITLE</b> SURGERY DELIVERY DEVICE AND MESH ANCHOR				
<b>FILING FEE RECEIVED</b> 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	